

Commonwealth of Virginia  
Department of Health Professions  
6603 West Broad Street, 5<sup>th</sup> Floor  
Richmond, VA 23230

Date: \_\_\_\_\_  
Hours: \_\_\_\_\_

### PERMITTED PHYSICIAN INSPECTION REPORT

Physician's Name: \_\_\_\_\_

Permit No: 0205-\_\_\_\_\_ Exp. Date: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

☐ New      ☐ Routine      ☐ Remodel      ☐ Change of Location

COMPLIANCE		Y	N	
54.1-3430	<b>Display of Permit</b>			<b>Comments</b>
	Permit displayed in a conspicuous place			
110-20-180	<b>Safeguards against diversion of drugs</b>			
	Sound, microwave, photoelectric, ultrasonic, or other generally accepted device installed in each drug storage and dispensing area.			
	Device maintained in operating order.			
	Device have auxiliary power source.			
	Device fully protects the prescription department.			
	Access to the alarm is restricted to permitted physician.			
110-20-240	<b>Drug inventory and records</b>			
	Inventories and records of Schedule II drugs maintained separately from all other records.			
	Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs.			
	All records of Schedule II through V drug records maintained at same location as the stock of drugs to which records pertain			
	Records files chronologically			
	Hard copy prescription on file for every initial prescription dispensed and maintained for two years from date of last refill.			
	Prescriptions filed chronologically.			
	Schedule II prescriptions maintained in a separate file.			
	Schedule III through V prescriptions maintained in a separate file or in such form that they are readily retrievable from other prescriptions.			
54.1-3404	Records maintained for 2 years from date of transaction			
110-20-320	Schedule VI prescriptions not refilled after two years			
110-20-240	Prescriptions are filed chronologically			
110-20-240	<b>Required inventories of Schedule II through V drugs</b>			
54.1-3404	Biennial inventory taken – Date taken:			
	Inventory signed			
	Inventory dated			
	Inventory taken at <input type="checkbox"/> opening or <input type="checkbox"/> closing of business			
54.1-3408	Receipt of Schedule II through V drugs dated with the actual date of receipt			
110-20-250	<b>Automated data processing records</b>			
	System provide retrieval (display or printout) of original prescription information.			
	System provide retrieval (display or printout) of dispensing history for past two years.			
	Documentation of computer information: Daily printout of data, bound log book or separate file verified, dated and signed by permitted physician.			
110-20-290	<b>Schedule II prescriptions include</b>			
	Dispensed within 6 months of issue.			
	Prescription are not refilled.			
54.1-3408	Schedule II prescription includes:			
	Date of issue			
	Patient's name and address			

	Drug name, strength and quantity		
	Prescriber's name, address and telephone number.		
	Prescriber's DEA Number		
	Prescriber's signature		
	<b>Emergency Schedule II prescription</b>		
	Quantity limited to amount adequate to treat patient during the emergency period		
	Reduced to writing		
	Written prescription received from prescriber within 7 days of filling		
110-20-320	<b>Schedule III through VI prescriptions include</b>		
	Schedule III – V: Not dispensed or refilled more than 6 months after date of issue		
	Schedule III-V: Not refilled more than 5 times		
54.1-3408	<b>Date of issue</b>		
	Patient's name and address		
	Drug name, strength and quantity		
	Prescriber's name, address and telephone number		
	Schedule III – V: Prescriber's DEA Number		
	Prescriber's signature		
	Schedule III through V prescriptions maintained in a separate file or in such form that they are readily retrievable from other prescriptions.		
	Refills dated and initialed by Permitted Physician on back of prescription or recorded in an automated data processing system meeting requirements of 110-20-250.		
54.1-3410	<b>Labeling of Prescriptions</b>		
	Label contains the following:		
	Serial number		
	Date of initial filling		
	Name and address of Permitted Physician		
	Name of patient		
	Name of prescriber		
	Directions for use		
10-20-330	<b>Drug name and strength</b>		
	Number or dosage units dispensed.		
	The generic name for any drug product possessing a single active ingredient.		
	The generic name followed by the words 'generic for' followed by the brand name drug prescribed if a generic drug is dispensed when the prescription is written for a brand name drug		
110-20-270	<b>Certification of completed prescription</b>		
	Permitted Physician inspects prescription product to verify accuracy and places initials on the record of dispensing.		
110-20-350	<b>Packing standards for dispensed prescriptions</b>		
	Prescriptions dispensed in special packing.		
	Signed release if nonspecial packaging is requested		
110-20-355	<b>Repackaging of Drugs</b>		
	<b>Repackaged drug record contains</b>		
	Name of drug		
	Strength of drug		
	Quantity repackaged		
	Date repackaged		
	Initials of supervising permitted Physician		
	Manufacturer's or distributor's name		
	Lot or control number		
	Expiration date		
	Maintained for one year		
	<b>Repackaged drug label contains</b>		
	Manufacturer's or distributor's name		
	Drug name and strength		
	Lot or control number		
	Appropriate expiration date		

This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

Inspector \_\_\_\_\_ Date \_\_\_\_\_

Permitted Physician \_\_\_\_\_ Date \_\_\_\_\_